

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. 10780640	FILED DATE 021504				
							APPLICANT(S)					
							CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
IND	DEP	IND	DEP	IND	DEP	010	020	030	040	050	060	
1	1	1				01						
2	1	1				02						
3	2	2				03						
4	0					04						
5	1	1				05						
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48						48						
49						49						
50						50						
TOTAL IND.		3				TOTAL IND.						
TOTAL DEP.		4				TOTAL DEP.						
TOTAL CLAIMS		7				TOTAL CLAIMS						